Thomas, Colleen

From:

Thomas, Colleen

Sent:

Monday, February 06, 2017 3:42 PM

To: Cc: 'GAPilz@hfchloralkali.com' 'CMonarrez@hfchloralkali.com'

Subject:

Acknowledgement of email updating Site Contact for IAR000520817

Attachments:

HF Chlor-Alkali LLC_Site Info Verification Rpt.pdf

OFFICIAL NOTIFICATION

February 6, 2017

Mr. Glen Pilz EHS Specialist HF Chlor-Alkali, LLC 1194 720th Avenue Eddyville, Iowa 52553

Dear Mr. Pilz:

RE:

HF Chlor-Alkali LLC

Eddyville, Iowa

EPA RCRA ID No: IAR000520817

This is to acknowledge that we received an email dated February 6, 2017 updating the Site Contact of the facility shown above. We have made changes to our database based on the information provided.

To assist us in keeping our database current, please review the attached Hazardous Waste Site Verification Info Report (Report). If changes to the information are necessary, please print the Report and make any changes directly on the document, sign and date the corrected Report and return it to me, at the address indicated below, within thirty (30) days. If the information is correct, there is no need to return the report to me.

Please reply to this e-mail to verify you have received this notification. Remember to print a copy of the attached Report and the e-mail and keep them for your records. Your cooperation is appreciated.

Sincerely,

Elizabeth Koesterer
Waste Enforcement & Materials Management Branch
Air and Waste Management Division
EPA Region 7
11201 Renner Boulevard
Lenexa, KS 66219



Attachment

Letter prepared by: Colleen Thomas Saicon Consultants, Inc. Contractor @ EPA Region 7 11201 Renner Blvd Lenexa, KS 66219 P: 913-551-7182

Hazardous Waste Site Info Verification Report February 6, 2017

The information summarized below has been entered into EPA's RCRA Computer Data Base for the location and EPA RCRA Identification Number listed. If any of this information is inaccurate or changed, you may notify us by writing to us, completing a RCRA Subtitle C Site Identification Form (any of EPA Forms 8700-12, 13A/B, or 23), or simply marking any changes on this report and sending it to the address below. Please return this form ONLY to notify us of changes or errors. Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)551-7958.

EPA Region 7 - AWMD/WEMM 11201 Renner Blvd Lenexa, KS 66219

EPA RCRA ID Number:

IAR000520817

Name of Company/Site:

HF CHLOR-ALKALI LLC

Location of Site:

1194 720TH AVE

EDDYVILLE, IA 52553

MONROE County

Land Type:

Private

NAICS:

325180 - OTHER BASIC INORGANIC CHEMICAL MANUFACTURING

Mailing Address:

PO BOX 489

EDDYVILLE, IA 52553

Site Contact:

GLEN PILZ

Job Title:

EHS SPECIALIST 1194 720TH AVE

Address:

EDDYVILLE, IA 52553

Email:

GAPILZ@HFCHLORALKALI.COM

Phone Number:

641-969-4415 7209

Current Owner of Site:

TIM HARRIS 317-591-0000

Phone Number: Owner Type:

Private

Current Operator of Site:

JIM FORD

Operator Type:

Private

TYPE(S) OF REGULATED ACTIVITY:

Federal Small Quantity Generator

Hazardous Wastes Handled:

D002

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

CFR Part 2.

Name and Offical Title (Print)

Date Signed

Hazardous Waste Site Info Verification Report February 6, 2017

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EPA Region 7 - AWMD/WEMM 11201 Renner Blvd Lenexa, KS 66219

IAR000520817

1st N 10/22/15 N 02/06/17 2

Certified by Notification

on 02/06/17 by CHRIS MONARREZ 02/06/17 LAB SUPERVISOR

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Offical Title(Print)

Date Signed